




EMPLOYEE DIRECTIONS FOR THE WEB ENROLLMENT SYSTEM

A. Logging In

1	<p>Have your Employee ID and Web Enrollment Password ready.</p> <p>OPEN ENROLLMENT: Existing Employees: Before Open Enrollment, your Employee ID and Password will be mailed to your home through separate mailings. If you have not received your Employee ID and/or Password before the Open Enrollment period, contact the KEHP ID # Hotline at 1-866-302-5632 (outside Frankfort) or 502-564-3116 (within Frankfort area); or, your employer's Insurance Coordinator. After obtaining your Employee ID and Password, log onto the internet.</p> <p>New Employees: Obtain both your Employee ID and Web Enrollment Password from your Insurance Coordinator and log onto the internet. Depending on your benefit effective date, you may need to go through the enrollment process for each plan year affected (the current year and the upcoming plan year).</p> <p>DURING THE PLAN YEAR: New Employees enrolling for the first time: Obtain both your Employee ID and Web Enrollment Password from your Insurance Coordinator and log onto the internet.</p> <p><i>Note:</i> You may use a home computer or a public computer when logging in.</p>
2	<p>Go to www.KEHP.ky.gov. To enlarge the page so the login screen fills your entire screen, click on the middle button located on the top right side of your screen. It should look like this:</p>  <p>From the KEHP home page, click on the 2009 link displayed at the top, titled "Click here for 2009 Open Enrollment Information and KEHP Online Access."</p> <p>The 2009 page will be displayed with many options available. The top option is "Enroll Online."</p>  <p>Click on "Enroll Online" and you will be directed to the KEHP Online Access web enrollment system.</p>
3	<p>Enter your Employee ID and your Web Enrollment password, then click the "Login" button. These two (2) pieces of information allow you secure and private access to the program and also ensure no other person can log in and access your account.</p> <div><div><div>Employee ID: <input type="text"/></div><div>Password: <input type="password"/></div><div>Login</div><div>Exit</div></div><div><p>Notes:</p><ul style="list-style-type: none">• Ensure your Num Lock is ON.</div></div>

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	<ul style="list-style-type: none"> • Make sure the first 3 letters of the Employee ID and the first 2 letters of the Password are capitalized. • After three (3) tries, you will be locked out and will need to contact your Insurance Coordinator or the Department for Employee Insurance for a new password.
4	<p>Review the instructions on the Welcome page, then click the “Continue” button at the bottom of the screen. If you are unable to see the “Continue” button, scroll down to the bottom of the screen using your arrow keys or the scroll bar on the right side of the screen.</p> <div style="text-align: center;">  </div>
5	<p>Your “Employee Plan Elections” Screen will be displayed. Click on the plan year you wish to review and/or enroll. During Open Enrollment, this function will allow you to enroll as well as review your current enrollment elections.</p>

B. Personal Information

1

On the “Employee Plan Elections” screen, click on the ‘Select’ link to view or edit a 2008 plan, or on the “ADD” link to enroll for the upcoming plan year (2009). If you have already enrolled for 2009 but wish to change your elections, please click on the “Select” link next to your 2009 plan and complete the enrollment process again, from start to finish.

	Year	Status	Effective Date	Company	Plan Choice	Option	Level
Select	2008	Active	9/1/2008	55794	143 - KY Employee Health Plan	Enhanced	Single
Add	2009			55794			

2

You will be directed to your personal information screen. Complete all fields and click the “Save & Continue” button.

Save & Continue

After you have finished entering the information and clicked on the “Save & Continue” button referenced above, a summary of your information will be displayed for review. If a correction is necessary, click on “Change Information”, update the information, and then click on “Update Information.” If everything looks correct, click the “Keep” button.

Click on “Change Information” to update your personal information and “Keep” to continue with your enrollment.

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	<div style="background-color: #800000; color: white; padding: 5px; text-align: center; font-weight: bold;">Review Personal Information</div> <p>Please review the following information for accuracy</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td>DOE, JANE I</td> </tr> <tr> <td>Address:</td> <td>45 ANYWHERE BLVD APT # 3 FRANKFORT, KY 40601</td> </tr> <tr> <td>Phone #:</td> <td>502-222-2222</td> </tr> <tr> <td>Gender:</td> <td>FEMALE</td> </tr> <tr> <td>Marital Status:</td> <td>SINGLE</td> </tr> <tr> <td>Date of Birth:</td> <td>12/12/1955</td> </tr> <tr> <td>E-Mail:</td> <td>JANE.DOE@KY.GOV</td> </tr> </table> <div style="margin-top: 10px;"> <input type="button" value="Keep"/> <input type="button" value="Change Information"/> </div>	Name:	DOE, JANE I	Address:	45 ANYWHERE BLVD APT # 3 FRANKFORT, KY 40601	Phone #:	502-222-2222	Gender:	FEMALE	Marital Status:	SINGLE	Date of Birth:	12/12/1955	E-Mail:	JANE.DOE@KY.GOV
Name:	DOE, JANE I														
Address:	45 ANYWHERE BLVD APT # 3 FRANKFORT, KY 40601														
Phone #:	502-222-2222														
Gender:	FEMALE														
Marital Status:	SINGLE														
Date of Birth:	12/12/1955														
E-Mail:	JANE.DOE@KY.GOV														
3	<p>At “Member Main Menu”, go through the options in numerical order: <u>First</u>, enroll in Health Insurance or Waive your insurance benefit. <u>Second</u>, choose whether to enroll in a Flexible Spending Account (FSA). You may enroll in both types (Health Care and Dependent Care) if desired. <u>Third</u>, review your enrollment information and Save or Decline.</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <div style="background-color: #800000; color: white; padding: 5px; text-align: center; font-weight: bold;">Member Main Menu</div> <div style="margin-top: 10px;"> <p>STEP 1: Health Insurance or Waive</p> <p>STEP 2: Flexible Spending Accounts</p> <p>STEP 3: Your Enrollment is NOT Complete.</p> <p style="text-align: center;">Please Click Here To Review Your Elections.</p> </div> </div>														

C. Selecting a Health Insurance Plan or Waiving your Insurance

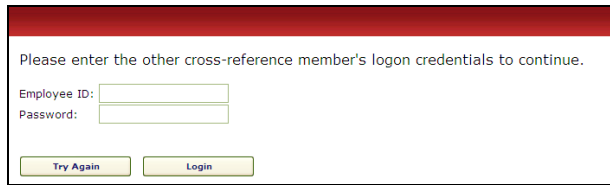
1	<p>Click on “Health Insurance or Waive” on the main menu. This will bring you to the next step in the process.</p> <p><u>1. Health Insurance or Waive</u></p>
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D. Cross-Reference Payment Option Instructions – If you do not wish to Cross-Reference, click “No” and go on to step 3.

<p>The Cross-Reference Payment Option Screen will be presented.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <div style="background-color: #800000; color: white; padding: 5px; text-align: center; font-weight: bold;">Cross Reference Payment Option?</div> <div style="margin-top: 10px;"> Click 'Yes' if you wish to enroll in a cross-reference payment option with your spouse. NOTE: If you are currently enrolled in a cross-reference payment option and you wish to end it, both you and your spouse must complete paper applications and submit to DEI through your Insurance Coordinator. </div> <div style="margin-top: 10px; text-align: center;"> <input type="button" value="Yes"/> <input type="button" value="No"/> </div> </div>	
2	<p>Please read the information and choose accordingly. For details about cross-referencing, please refer to page 13 of the 2009 Benefits Selection Guide.</p> <ul style="list-style-type: none"> If you are a new employee and wish to begin a cross-reference payment option, click the “Yes” button. Your spouse will need to complete a paper application and there is nothing further for you to do. Your web enrollment session is complete. If you do not wish to begin a cross-reference payment option, click the “No” button and proceed with your enrollment session (and go on to step 3). If you are enrolling for Open Enrollment and wish to start a cross-reference plan, you may click

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the “Yes” button and proceed with your enrollment session. You will need your spouse’s Employee ID and password to continue..

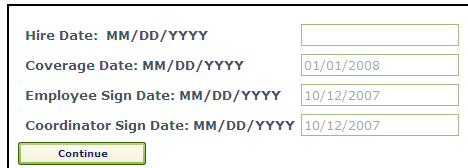


Please enter the other cross-reference member's login credentials to continue.

Employee ID:

Password:

Click login



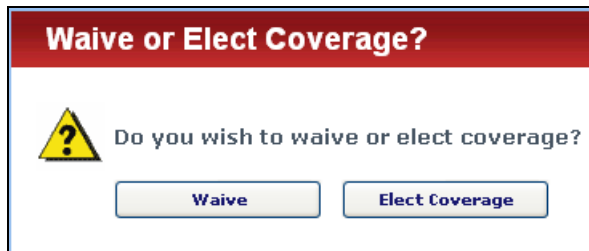
Hire Date: MM/DD/YYYY

Coverage Date: MM/DD/YYYY


Employee Sign Date: MM/DD/YYYY

Coordinator Sign Date: MM/DD/YYYY

Click Continue.



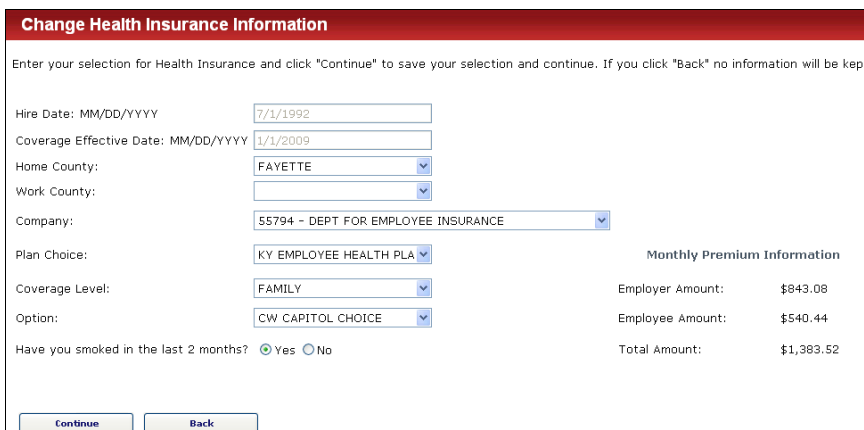
Waive or Elect Coverage?

 Do you wish to waive or elect coverage?

If you choose to Waive, Go to step 4 below.

If you choose to elect coverage, continue with step 2.

- Fill in the requested information with your insurance elections. The premium information will be displayed on the right side of the screen.
- When you are satisfied with your elections, click the “Continue” button.
- If you are not satisfied with your elections press “Cancel” and you will be returned to the “Member Main Menu”. You may begin the enrollment process again.



Change Health Insurance Information

Enter your selection for Health Insurance and click "Continue" to save your selection and continue. If you click "Back" no information will be kept.

Hire Date: MM/DD/YYYY

Coverage Effective Date: MM/DD/YYYY

Home County:

Work County:

Company:

Plan Choice:

Coverage Level:

Option:

Have you smoked in the last 2 months? ☒ Yes ☐ No

Monthly Premium Information	
Employer Amount:	\$843.08
Employee Amount:	\$540.44
Total Amount:	\$1,383.52

- If you had existing dependents, you will be directed to the “Review Dependent Information” screen. From there, you may click on the “Change” button to update the dependents or click on the “Keep” button to keep all information shown and move on to the next section

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Review Dependent Information

Keep

Change

- If your dependents need to be updated and you clicked on the “Change” button, you will be directed to the “Change Dependent Information” screen. A list of your dependents will be presented on the top portion of the screen for your review.
- To delete a dependent, click on the “Delete” link shown next to that dependent.
- To edit a dependent, click on the “Edit” link shown next to that dependent. (see below)

LIST OF DEPENDENTS

Relationship	SSN	First Name	MI	Last Name	Gender	Date of Birth	
CHILD	222001101	MARY		DOE	FEMALE	5/5/1999	Delete Edit
DISABLED DEPENDENT	222002202	JOHNNIE		DOE	MALE	9/12/2001	Delete Edit

- If you did not previously have dependents on your plan, you will be directed to the “Change Dependent Information” screen.
- To add a dependent, click the “Add Dependent” button in the middle of the screen, then scroll down and complete the appropriate information for each dependent you wish to add.

Add Dependent

- After completing each dependent’s information, click the “Save Changes” button.

Save Changes

- When all dependents have been added, click the “Finished” button at the bottom of the screen. The “Member Main Menu” will appear, ready for your next enrollment choices to be entered.

Finished

- The “Member Main Menu” will appear, ready for your next enrollment choices to be entered (FSAs or Enrollment Complete).

3

Your employment hire date, health insurance coverage start date and signature dates will be presented for your review. After reviewing these, click the “Continue” button.

Hire Date:	<input type="text" value="08/01/2006"/>
Coverage Date:	<input type="text" value="10/01/2006"/>
Employee Sign Date:	<input type="text" value="08/07/2006"/>
Coordinator Sign Date:	<input type="text" value="08/07/2006"/>
<input type="button" value="Continue"/>	

4

Next, you will be asked if you wish to waive your insurance or elect insurance coverage.

Waive or Elect Coverage?



Do you wish to waive or elect coverage?

Waive

Elect Coverage

If you choose to waive:

- Click the “Waive” button and then answer the question regarding your smoking status.
- If you are an active employee and you chose to waive, the state contribution will be deposited into

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a Health Reimbursement Account (HRA). There are exceptions, including but not limited to:

- If you are already covered under a hazardous duty retiree.
- If you are a retiree who has returned to work and you have chosen insurance coverage under the retirement system.

If you would like to elect health insurance coverage:

- Click the “Elect Coverage” button and fill in the requested information. The premium information will be displayed on the right side of the screen.
- When you are satisfied with your elections, click the “Continue” button.
- If you are not satisfied with your elections press “Back” and you will be returned to the “Member Main Menu”. You may begin the enrollment process again.

Change Health Insurance Information

Enter your selection for Health Insurance and click "Continue" to save your selection and continue. If you click "Back" no information will be kept.

Hire Date: MM/DD/YYYY	<input type="text" value="7/1/1992"/>
Coverage Effective Date: MM/DD/YYYY	<input type="text" value="1/1/2009"/>
Home County:	<input type="text" value="FAYETTE"/>
Work County:	<input type="text"/>
Company:	<input type="text" value="55794 - DEPT FOR EMPLOYEE INSURANCE"/>
Plan Choice:	<input type="text" value="KY EMPLOYEE HEALTH PLA"/>
Coverage Level:	<input type="text" value="FAMILY"/>
Option:	<input type="text" value="CW CAPITOL CHOICE"/>
Have you smoked in the last 2 months?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Monthly Premium Information

Employer Amount:	\$843.08
Employee Amount:	\$540.44
Total Amount:	\$1,383.52

- If you have elected a Couple, Parent Plus or Family level, you will need to add your new dependents. If you have already enrolled and are enrolling again within your deadline, all previously added dependents will be displayed for your verification.

Please refer to page 22 of the 2009 Benefits Selection Guide for the definition of an eligible dependent.

If your elections included dependent coverage, step 5 applies to you. If you chose a single plan, please skip this step and move to Section D, Flexible Spending Accounts.

If you had already enrolled previously during your enrollment window and added dependents at that time, you will be directed to the “Review Dependent Information” screen. From there, you may click on the “Change” button to update the dependents or click on the “Keep” button to keep all information shown and move on to the next section

Review Dependent Information

- If your dependents need to be updated and you clicked on the “Change” button, you will be directed to the “Change Dependent Information” screen. A list of your dependents will be presented on the top portion of the screen for your review.
- To delete a dependent, click on the “Delete” link shown next to that dependent. (see below)
- To edit a dependent, click on the “Edit” link shown next to that dependent. (see below)

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LIST OF DEPENDENTS							
Relationship	SSN	First Name	MI	Last Name	Gender	Date of Birth	
CHILD	222001101	MARY		DOE	FEMALE	5/5/1999	Delete Edit
DISABLED DEPENDENT	222002202	JOHNNIE		DOE	MALE	9/12/2001	Delete Edit

If you did not previously have dependents on your plan, you will be directed to the “Change Dependent Information” screen.

Change Dependent Information

- To add a dependent, click the “Add Dependent” button in the middle of the screen, then scroll down and complete the appropriate information for each dependent you wish to add.

Add Dependent

- After completing each dependent’s information, click the “Save Changes” button.

Save Changes

When all dependents have been added, click the “Finished” button at the bottom of the screen. The “Member Main Menu” will appear, ready for your next enrollment choices to be entered.

E. Flexible Spending Accounts

1	<p>Click on “Flexible Spending Accounts” on the main menu. This will direct you to the “Flexible Spending Accounts (FSAs) - Participant Selection” menu.</p> <p style="color: blue; margin-top: 10px;">STEP 2: Flexible Spending Accounts</p>
2	<p>On the “Flexible Spending Account (FSAs) - Participant Selection” menu, there will be five (5) choices: Plan Holder Health Care FSA, Plan Holder Dependent Care FSA, Spouse Health Care FSA, Spouse Dependent Care FSA and FSA Elections Complete – Return to Main Menu..</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <div style="background-color: #800000; color: white; text-align: center; padding: 5px; margin-bottom: 10px;"> Flexible Spending Account (FSAs) - Participant Selection </div> <div style="margin-bottom: 5px;">Plan Holder Health Care FSA</div> <div style="margin-bottom: 5px;">Plan Holder Dependent Care FSA</div> <div style="margin-bottom: 5px;">Spouse Health Care FSA</div> <div style="margin-bottom: 5px;">Spouse Dependent Care FSA</div> <div style="margin-bottom: 5px;">FSA Elections Complete -- Return to Main Menu</div> </div> <p>For information regarding FSAs, please refer to page 25 of the 2009 Benefits Selection Guide.</p>


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3	<p>If you or your cross-referenced spouse would like to elect a Health Care FSA, click on Plan Holder Health Care FSA for your own FSA and Spouse Health Care FSA for your spouse's FSA.</p> <ul style="list-style-type: none"> Enter the amount you wish to contribute for the year. The minimum annual contribution amount is \$120 and the maximum is \$5000. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Your annual contribution: \$ 120.00 </div> <ul style="list-style-type: none"> After entering your deduction amount, click "Add FSA Election" at the bottom of the screen. <div style="text-align: center; margin: 10px 0;"> Add FSA Election </div> <p>You will be returned to the "Flexible Spending Account (FSAs) - Participant Selection" Menu.</p>
4	<p>If you or your cross-referenced spouse would like to elect a Dependent Care FSA, click on Plan Holder Dependent Care FSA for your own FSA and Spouse Dependent Care FSA for your spouse's FSA.</p> <ul style="list-style-type: none"> Next, select the appropriate Tax Filing Status <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> TAX FILING STATUS: <input type="radio"/> Married, filing separately (Annual Max - \$ 2,500.00) <input checked="" type="radio"/> Married, filing jointly (Annual max - \$ 5,000.00) <input type="radio"/> Single, head of household (Annual Max - \$ 5,000.00) </div> <ul style="list-style-type: none"> Enter the amount you wish to contribute for the year. The maximum annual contribution amount is \$5000. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Your Annual Contribution: \$ 4000.00 </div> <ul style="list-style-type: none"> After entering your deduction amount, click "Add FSA Election" at the bottom of the screen. <div style="text-align: center; margin: 10px 0;"> Add FSA Election </div> <p>You will be returned to the "Flexible Spending Accounts (FSAs) - Participant Selection" Menu.</p>
5	<p>When you are finished enrolling, click on "FSA Elections Complete – Return to Main Menu". You will be returned to the "Member Main Menu".</p>

F. Review & Save Your Elections

1	<p>When you have completed your enrollment elections, you will need to review all of your choices and, most importantly, accept the choices as your final elections. To review and Save your elections, click the button "Click Here."</p> <p style="color: red; text-align: center;">STEP 3: Your Enrollment is <u>NOT</u> Complete.</p> <p style="color: red; text-align: center;">Please Click Here To Review Your Elections.</p>
2	<p>The "Authorization and Certification" screen will be displayed. At this point your enrollment is <u>not</u> complete.</p> <ul style="list-style-type: none"> Read the information at the top of the screen.

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	<ul style="list-style-type: none"> Carefully review your health insurance, HRA and FSA elections and read the disclaimer. Either SAVE & ACCEPT ENROLLMENT or DECLINE ENROLLMENT. <div style="display: flex; justify-content: center; gap: 20px; margin: 10px 0;"> <div style="border: 1px solid black; padding: 5px; background-color: #e0f0e0;">Save & Accept Enrollment</div> <div style="border: 1px solid black; padding: 5px; background-color: #f0e0e0;">Decline Enrollment</div> </div> <p style="color: red; font-weight: bold;">If you do not click the Save & Accept button at the top right or bottom of the page, the elections and/or updates you have just entered will be LOST.</p>
3	<p><u>If you Decline</u> your enrollment elections, you will be returned to the “Employee Plan Elections” to go through the enrollment process again. None of the elections that you have just made will be activated. You must enter all elections and/or updates again and click the SAVE & ACCEPT ENROLLMENT button again before they can take affect.</p> <p><u>If you SAVE & ACCEPT</u> your enrollment elections: You will receive a CONFIRMATION screen which contains your plan information and an ENROLLMENT CONFIRMATION NUMBER.</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <div style="background-color: #a00; color: white; padding: 5px; text-align: center; font-weight: bold;">Confirmation</div> <p style="margin-top: 10px;">Update completed! Please keep the following information for your records:</p> <p>Confirmation Number: 7D6810101939135FDA</p> </div>
4	<p style="color: red; font-weight: bold;">This confirmation is proof of your enrollment. PRINT IT or write it down for your records. Do not throw it away.</p> <div style="text-align: center; margin-top: 20px;">  <p style="color: blue; font-size: 1.2em; font-weight: bold;">Print</p> </div>

G. Updates and Changes

1	<p style="color: red; font-weight: bold;">You may update your Health Insurance and/or FSA elections anytime during your enrollment period. Once your enrollment period has expired, no further updates will be allowed.</p>
2	<p>During your enrollment period, you may update any previously made elections. However, you must RE-SAVE your enrollment elections at the end of each enrollment session. Refer to Section E, “Review & Save Your Elections” for instructions on how to Save & Accept your elections.</p> <p>If you do not re-save your elections each time an update is made, your updates will be lost.</p> <p>During the remainder of the 2008 plan year, you may view your Health Insurance and FSA elections and update your personal information (address, phone number, etc).</p>

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	<ul style="list-style-type: none">○ To update your personal information during the plan year, log on to “Your KEHP Online Access” at https://openenroll.ky.gov using your Employee ID and Password. Refer to Section A, “Logging In”, for instructions.○ Your “Employee Plan Elections” Screen will be displayed. Click on the plan year.○ Your personal information will be presented for your changes. When you are finished, click on “Save & Continue” on the bottom of the screen.
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Note to KRS and KTRS Retirees:

Retirees who are no longer actively employed –

You may not complete your retirement elections using the KEHP’s Web Enrollment System. You must complete a paper Enrollment Application for your retirement health insurance benefits and submit it to your retirement agency.

Pre-65 retirees who have returned to work –

You must complete a paper Enrollment Application with your retirement agency and your active employer. Refer to the instructions below regarding your enrollment choices:

KRS Retirees – If you have returned to work, you may choose one of these three scenarios:

- a. An insurance plan with KRS, and a waiver with no HRA with your active company
- b. A waiver with no HRA with KRS, and an insurance plan with your active company.
- c. A waiver with no HRA with KRS, and a waiver with HRA with your active company.

KTRS Retirees – If you have returned to work, you may choose one of these two scenarios:

- a. A waiver with no HRA with KTRS, and an insurance plan with your active company.
- b. A waiver with no HRA with KTRS, and a waiver with HRA with your active company.

65 and older retirees who have returned to work –

You must complete a paper Enrollment Application with your active employer. Please note the following information regarding funding and eligibility:

- a. If you are receiving KRS or KTRS funds towards a Medicare Supplemental plan, you are NOT eligible to receive state funding through your active employer for either a stand-alone HRA or an insurance plan.
- b. If you are not receiving KRS or KTRS funds towards a Medicare Supplemental plan, you are eligible to enroll for coverage and receive state funding through your active employer.